

# Mississippi Development Authority

Economic Development Marketing Grant Program

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## FINAL REPORT CHECKLIST FISCAL YEAR 2007

To be completed only after the project has been finished and all necessary records are available. Check off each item and include checklist, an invoice, and all required items in the final report submitted to MDA Regional Services Division in order for projects to be processed for final payment.

- ☐ 1) The invoice from the organization to the State is complete and included (see sample invoice).
- ☐ 2) A copy of the vendor's invoice is included. (If invoices do not equal disbursements, eligible/applicable expenditures should be highlighted. Sales tax is not eligible. (Include a short summary of expenditures attached to related invoices, checks, and receipts, if necessary.)
- ☐ 3) A copy of canceled check(s) (front and back), providing proof of payments is included and attached to invoices.
- ☐ 4) One original sample of the completed project (i.e. tear sheets, tapes, photographs, broadcast affidavits, etc.) is included.
- ☐ 5) The State's current logo and/or grant phrase as appropriate are included on the project. (MDA will withhold funds if logo and/or grant phrase are not included. The only exception to this rule is a reader service ad where the logo can be used without the grant phrase).
- ☐ 6) A written description of the event or project is included, indicating the impact that it had on business/industry attraction, recruitment or retention. (For brochures include description, quantity, etc; for media and billboard advertisements include description, name of media, location and dates ads ran).
- ☐ 7) The signature of the applicant is included, verifying the project has been completed.
- ☐ 8) The MDA Regional Office Manager's signature is included, verifying that the project is complete and all requirements have been met.

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Project Director/Title

Date

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MDA Regional Manager

Date

Mail to:  
Mississippi Development Authority  
Regional Services Division  
PO Box 849  
Jackson MS 39205

**(Sample Invoice)**

Retype this invoice on your letterhead, fill in the information for your project and include with your final report.

**INVOICE FOR RECEIPT OF PAYMENT**

PROJECT DIRECTOR  
ORGANIZATION NAME (AS LISTED ON THE TAX ID FORM)  
MAILING ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER  
EMAIL ADDRESS

PROJECT TITLE: \_\_\_\_\_

PROJECT CODE: \_\_\_\_\_  
*(This number is listed in the Letter of Confirmation from MDA.)*

ESTIMATED COST OF PROJECT LISTED ON APPLICATION \$ \_\_\_\_\_

ACTUAL COST OF PROJECT \$ \_\_\_\_\_  
*(Only approved expenditures relating to grant project original application.)*

**MATCH GRANT AMOUNT DUE** \$ \_\_\_\_\_

(If project cost is less than estimate, you may receive only the designated percentage of the actual cost. If project cost exceeded the estimate, you may receive only the original grant amount awarded not to exceed \$10,000 or \$15,000 if a Regional Project.)